



Encouraging Use of Personal Protective Equipment (PPE)

For the prevention and control of 2019 Novel Coronavirus (COVID-19), and the protection of the health and safety of the people we serve and their staff, we encourage adherence to the recommendations by the Maryland Department of Health as documented on the [DDA Licensed Residential Settings Suspected/Confirmed COVID-19 Outbreak Checklist](#):

- **Use recommended PPE for people with intellectual and/or developmental disabilities residents** with undiagnosed respiratory illness or suspected or confirmed COVID-19 for 7 days after illness onset or until 72hrs after the resolution of fever and improvement of respiratory symptoms whichever is longer.
- As recommended, staff should wear a mask while they are inside of the home. If PPE supplies allow, consider having staff wear all recommended PPE (gowns, gloves, eye protection) for the care of all residents, regardless of the presence of symptoms.

The DDA understands that it can be difficult to ensure residents living in their homes continually wear PPE as recommended, therefore we are providing the following recommendations:

- Some people may respond positively to wearing a mask if some **artistic flare** is added to their mask. Others may respond positively to **accessorizing their mask**. Some may even respond to **social stories** or an **open dialogue** via their preferred communication preference as to why it is important for health and safety.
- **We also encourage teams to also discuss other innovative solutions** based on the needs/wants of the people you are supporting.

In addition to the above, the DDA continues to recommend:

- Ensure residential site has adequate supplies for hand washing, hand sanitizer (if available), cleaning supplies, and recommended PPE.
- Visitation should be restricted except for end-of-life situations. For these visits, visitors should be screened for fever/respiratory symptoms prior to entry and given instructions on hand hygiene and the use of PPE.
- Create a dedicated observation area (this could be dedicated rooms in one area) to house residents, who have **not** tested positive for COVID-19, being admitted or re-admitted from an outside facility. Ideally, this area would have private rooms with private bathrooms.
- Cohort residents and staff. Staff should not float between cohorts. Assign employees to care for the same group of residents each shift, if possible.
- To the extent possible, do not allow movement of residents between cohorts. Additionally, to the extent possible, residents should not travel around the house for activities, dining, etc.